PAGE 1 / 17

Image# 201608189022526318

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than Ar	n Authorized	Committee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, ty	/pe 1	2FE4M5	
American Health Care	Association Poli	itical Action	Committee			
ADDRESS (number and street)	1201 L Street, NW					
Check if different than previously reported. (ACC)	Washington				DC	20005
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		STA	ATE 🛦	ZIP CODE ▲
C C00006080		3. IS THIS REPORT	× NEW (N)	OR	AME (A)	NDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Non-election Year Only) (MY)	PRE-Electi Report for (d) 30-Day	the: Election on	Jun 2	20 (M5) 20 (M6) 20 (M7)	X Aug 26 Sep 26 Oct 20 General (1 Special (12 Runoff (30	O (M9) Dec 20 (M12) (Non-Election Year Only) O (M10) Jan 31 (YE) 2G) Runoff (12R) 2S) in the State of
Termination Report (TER)		Election on	M M / D	D / Y	YYYY	in the State of
5. Covering Period 07		2016	through	M M /	31_ /	2016
I certify that I have examined thi Type or Print Name of Treasurer	•	pest of my know	vledge and belief	it is true,	correct and	complete.
Type of Find Name Of Heasulet	W.S. TODILI I IIIIGI					
Signature of Treasurer Ms. R	Pobin Hillier		[Electronically Filed	d] Date	9 08	18 2016
NOTE: Submission of false, errone	eous, or incomplete info	ormation may su	bject the person s	igning this	Report to the	penalties of 2 U.S.C. §437g.
Office Use						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 07 01 2016 To: 07 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		170806.91
	(b) Cash on Hand at Beginning of Reporting Period	103543.79	
	(c) Total Receipts (from Line 19)	13526.66	346939.67
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	117070.45	517746.58
7.	Total Disbursements (from Line 31)	8116.05	408792.18
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	108954.40	108954.40
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee	merican	Health	Care As	ssociation	Political	Action	Committee
---	---------	--------	---------	------------	-----------	--------	-----------

Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	12039.26 1487.40	
Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized		322021.05 13918.62
(ii) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add	1487.40	12049.62
		13910.02
lines 11(a)(i) and (ii)	40500.00	335939.67
21100 11(a)(i) and (ii)	13526.66	333939.07
Political Party Committees	0.00	0.00
Other Political Committees	0.00	40000.00
(such as PACs)	0.00	10000.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		0.000000
Totals to Line 33, page 5)▶	13526.66	345939.67
Insfers From Affiliated/Other		
rty Committees	0.00	0.00
Love Books I	0.00	0.00
Loans Received	0.00	0.00
on Denoviments Descrived	0.00	0.00
1 1	0.00	3100
·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	2.00	4000.00
	0.00	1000.00
	0.00	0.00
(Irom Schedule H3)	0.00	0.00
Levin Funds (from Schodulo H5)	0.00	0.00
Levill I ulius (IIOIII Scriedule 113)	7	
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(such as PACs)	(such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: — (a) Allocated Federal/Non-Federal 		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	040.05	0470.04
Expenditures(c) Total Operating Expenditures	616.05	6172.31
(add 21(a)(i), (a)(ii), and (b))▶	616.05	6172.31
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	7500.00	381000.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use Scriedule F)		0.00
. Loan Repayments Made	0.00	0.00
	0.00	0.00
. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	5619.87
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(00011 00 17(00)	7	
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	5619.87
Other Disbursements	0.00	16000.00
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
V		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Dishursomenta (add Lines 21/a) 22		
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8116.05	408792.18
, , , , , , , , , , , , , , , , , , , ,	0110.00	400/32.10
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	0446.05	
from Line 31)	8116.05	408792.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13526.66	345939.67
4. Total Contribution Refunds (from Line 28(d))	0.00	5619.87
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13526.66	340319.80
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	616.05	6172.31
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	616.05	6172.31

FOR LINE NUMBER: **PAGE** 6 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Martin Allen Date of Receipt Mailing Address 333 N. Summit Street 07 08 2016 City Zip Code State Transaction ID: C3347082 OH Toledo 43614 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation Vice President HCR ManorCare Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Linda Austin Date of Receipt Mailing Address 405 Times Avenue 07 06 2016 City State Zip Code Transaction ID: C3346331 TN Lafayette 37083-1247 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation **Knollwood Manor** Administrator/Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Scott Averill Date of Receipt Mailing Address 511 Market 07 24 2016 Box 368 City State Zip Code Transaction ID: C3358416 KS Overbrook 66524 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Wellsville Retirement Community Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: **PAGE** 7 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Douglas Burr Date of Receipt Mailing Address 11851 Wilde Run Court 04 2016 07 City Zip Code State Transaction ID: C3345162 GΑ Roswell 30075 Amount of Each Receipt this Period FEC ID number of contributing C 375.00 federal political committee. Memo Item Name of Employer Occupation VP Finance, Reimb & Gov't Relations Health Care Navigator LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Ciolek Date of Receipt Mailing Address 1201 L Street NW 07 26 2016 City State Zip Code Transaction ID: C3370336 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer Occupation **AHCA** Associate VP, Therapy Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$75.00 Bi-Weekly Other (specify) 525,00 Full Name (Last, First, Middle Initial) c. David Ellis Date of Receipt Mailing Address 20 Glover Avenue 07 05 2016 1st Floor City State Zip Code Transaction ID: C3351810 CT Norwalk 06850 Amount of Each Receipt this Period FEC ID number of contributing С 5000.00 federal political committee. Memo Item Name of Employer Occupation President Lincoln Healthcare Group Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 8 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements mag the name and a	ly not be sold or used by any peddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Assoc	ciation Politic	al Action Committee	
Full Name (Last, First, Middle Initial) A. Joanne E Erickson			Date of Receipt
Mailing Address 911 S Randolph St	_		07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Arlington	State VA	Zip Code 22204-1564	Transaction ID : C3370339 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer American Health Care Association	Occupation Senior Direct		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	* Payroll Deduction: \$50.00 Bi-Weekly
Full Name (Last, First, Middle Initial) B. Teresa Eyet	•		Date of Receipt
Mailing Address 10009 Dallas Ave	-		07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Takoma Park	State MD	Zip Code 20901-2240	Transaction ID : C3370340
FEC ID number of contributing federal political committee.	С	20301 22-10	Amount of Each Receipt this Period 107.16
Name of Employer American Health Care Association	Occupation Senior Direct	ctor, Education	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 482,22	* Payroll Deduction: \$53.58 Bi-Weekly
Full Name (Last, First, Middle Initial) C. Alan Graham			Date of Receipt
Mailing Address 182 West Edge Drive			07 13 2016
City Huntsville	State TX	Zip Code 77340	Transaction ID : C3351940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		Memo Item
Nexion Health Corporation Receipt For:	Administrate		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	ul)		707.16
TOTAL This Period (last page this line num	nber only)		

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

17

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jennifer S Hahs Date of Receipt Mailing Address 12423 Flint Street 2016 07 26 City State Zip Code Transaction ID: C3370343 KS Overland Park 66213 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation Senior Director, Political Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 Bi-Weekly 350.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gerald Hamilton Date of Receipt Mailing Address 6000 Whiteman Dr NW 07 04 2016 City State Zip Code Transaction ID: C3345163 NM Albuquerque 87120-2195 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation **R&G** Healthcare Management Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750,00 Full Name (Last, First, Middle Initial) c. Jeanne C. Jaeckels Date of Receipt Mailing Address 12120 24th Street 07 19 2016 City Zip Code State Transaction ID: C3356502 MN Clear Lake 55319 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation Tealwood Senior Living Director of Development Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	FOR LINE NUMBER: PAGE 10 OF								17	
Use separate schedule(s)	(c	he	ck only	or	ne)						
for each category of the Detailed Summary Page		×	11a		11b		11c		12		
			13		14		15		16		17

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ition Political Action Committee	
Full Name (Last, First, Middle Initial) A. Elizabeth Johnson Mailing Address 9403 Mill Brook Road		Date of Receipt 07 18 2016
City Louisville FEC ID number of contributing federal political committee. Name of Employer KY Assoc of Health Care Facilities Receipt For: Primary General Other (specify) ▼	State Zip Code KY 40223 C Occupation President Aggregate Year-to-Date ▼ 750.00	Transaction ID : C3355617 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) David A Kyllo Mailing Address 4621 28th Road South City Arlington FEC ID number of contributing federal political committee. Name of Employer AHCA/NCAL Receipt For: Primary General	State Zip Code VA 22206 C Occupation VP, Insurance and Member Programs Aggregate Year-to-Date ▼	Date of Receipt 07 26 2016 Transaction ID : C3370346 Amount of Each Receipt this Period 120.00 Memo Item
Other (specify) ▼ Full Name (Last, First, Middle Initial) Tricia Lies Mailing Address 115 Dutch Lake Trail City Howard Lake FEC ID number of contributing federal political committee. Name of Employer Tealwood Care Center Receipt For: Primary Other (specify) ▼	State Zip Code MN 55349 C Occupation Director of Financial Services Aggregate Year-to-Date ▼ 1000.00	* Payroll Deduction: \$60.00 Bi-Weekly Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)	>	1370.00
	r only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Health Care Association	n Political Action Committee	
Arbors of Hop Brook, LTD Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06880-3929 C Decupation CEO Aggregate Year-to-Date ▼ 1000.00	Date of Receipt O7 01 2016 Transaction ID: C3344905 Amount of Each Receipt this Period 500.00 Memo Item
Name of Employer Hammond Nursing Home	State Zip Code LA 70403 C Decupation Owner Aggregate Year-to-Date ▼ 750.00	Date of Receipt 07 27 2016 Transaction ID: C3359792 Amount of Each Receipt this Period 250.00 Memo Item
American Health Care Association	State Zip Code OH 43537 C Decupation SVP Government Relations Aggregate Year-to-Date ▼ 2099.26	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)		1166.66
TOTAL This Period (last page this line number only	y)	.

FOR LINE NUMBER: PAGE 12 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Christina L Sharp Date of Receipt Mailing Address 1644 Mount Eagle PI 2016 07 26 City State Zip Code Transaction ID: C3370587 VA Alexandria 22302-2121 Amount of Each Receipt this Period FEC ID number of contributing C 45.44 federal political committee. Memo Item Name of Employer Occupation American Health Care Association Senior Director, Member Relations Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$22.72 Bi-Weekly 204.48 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer S Shimer Date of Receipt Mailing Address 9507 Shelly Krasnow Ln 07 26 2016 City State Zip Code Transaction ID: C3370588 VA Fairfax 22031-4720 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer Occupation American Health Care Association COO Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 Bi-Weekly Other (specify) 350,00 Full Name (Last, First, Middle Initial) c. Harmony House Health Care Center LLC Date of Receipt Mailing Address PO Box 829 07 05 2016 City State Zip Code Transaction ID: C3351811 WA Brewster 98812 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 250.00 Other (specify) 270.44 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 13 OF 17 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jerry R. Tretwold Date of Receipt Mailing Address PO Box 829 05 2016 07 City Zip Code State Transaction ID: C3351812 WA Brewster 98812-0829 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. × Memo Item Name of Employer Occupation Owner/Administrator Harmony House Health Care Center LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. LAG Associates LP Managers Date of Receipt Mailing Address 8028 Ritchie Hwy Ste 210 07 29 2016 City State Zip Code Transaction ID: C3370592 MD Pasadena 21122-1075 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized Other (specify) 3750.00 Full Name (Last, First, Middle Initial) c. Gary Attman Date of Receipt Mailing Address 8028 Ritchie Highway 07 29 2016 City Zip Code State Transaction ID: C3370593 MD Pasadena 21122-1069 Amount of Each Receipt this Period FEC ID number of contributing С 1250.00 federal political committee. ★ Memo Item Name of Employer Occupation LAG Associates LP Managers Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... 12039.26 TOTAL This Period (last page this line number only).....

Detailed Summary Page	SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 14 OF 17
Detailed Summary Page	TEMIZED DISBURSEMENTS		s) (check only	eck only one)	
try information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of the commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF Committee (Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53773 City State Zip Code Resort Card Primary General Primary		Detailed Summary Page			
And of CoMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53773 City Slate Zip Code Phoenix AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: House Disbursement For: State: District Credit Card Processing Fees Candidate Name Date of Disbursement Category' 264-80 Date of Disbursement this Period Transaction ID: D175279 Amount of Each Disbursement Category' 264-80 Date of Disbursement Transaction ID: D175279 Amount of Each Disbursement Office Sought: House Disbursement For: Senate President Credit Card Processing Fees Candidate Name Category' Type Transaction ID: D175280 Amount of Each Disbursement this Period Category' Type Transaction ID: D175280 Amount of Each Disbursement this Period Category' Type Transaction ID: D175281 Transaction ID: D175281 Amount of Each Disbursement this Period Category' Type Office Sought: House Disbursement For: State: Distinct: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Transaction ID: D175281 Amount of Each Disbursement Transaction ID: D175281 Transaction ID: D175281 Transaction ID: D175281 Amount of Each Disbursement Transaction ID: D175281 Transaction ID: D175281 Amount of Each Disbursement Transaction ID: D175281 Amount of Each Disbursement Transaction ID: D175281 Transacti					
NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) - American Express Mailing Address PO Box 53773 City State Zip Code A2 85072-3773 Phoenix A2 85072-3773 Credit Card Processing Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General Primar					
American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) - American Express Mailing Address PO Box 53773 City State Zip Code AZ 85072-3773 Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Date of Disbursement Category/ Type Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: D175289 Amount of Each Disbursement Date of Disbursement Date of Disbursement Transaction ID: D175280 Amount of Each Disbursement Category/ Type Transaction ID: D175280 Amount of Each Disbursement this Period Category/ Type Transaction ID: D175280 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID: D175281 Transact		125 21 ay po.			
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53773 City State Zip Code AZ 85072-3773 Purpose of Disbursement Credit Card Processing Fees Candidate Name Purson of Disbursement Primary General Primar		Political Action Co	ommittee		
Mailing Address PO Box 63773 City State Zip Code Phoenix AZ 85072-3773 Prupose of Disbursement Credit Card Processing Fees Candidate Name Category Type Disbursement For: Senate Primary General Primary General Prupose of Disbursement Credit Card Processing Fees Candidate Name City State: Disbursement For: Full Name (Last, First, Middle Initial) BB&T Merchant Services Mailing Address PO Box 200 City State Zip Code NC 27894-0200 Prupose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Date of Disbursement Category/ Type Transaction ID : D175279 Amount of Each Disbursement Credit Card Processing Fees Candidate Name Category/ Type Transaction ID : D175280 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Memo Item Transaction ID : D175280 Transaction ID : D175280 Transaction ID : D175280 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID : D175280 Transaction ID : D175281	/				
City State Zip Code AZ 85072-3773 City Phoenix AZ 85072-3773	•			Data of Dishurasm	ont.
City State Zip Code AZ 85072-3773 City Senate President Services Mailing Address PO Box 53773 Credi Card Processing Fees Candidate Name Category/ Type Disbursement For: Senate Primary General Bank Feas Candidate Name General Primary General Primary General Bank Feas General Primary General Primary General Primary General Bank Feas General Primary General General Primary General General General Primary General G	• American Express				
Phoenix	Mailing Address PO Box 53773			1	
Phoenix	- I				
Purpose of Disbursement Credit Card Processing Fees Gandidate Name Office Sought:	-			Transaction ID :	D175279
Credit Card Processing Fees Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Transaction ID: D175280 Amount of Each Disbursement Date of Disbursement Transaction ID: D175281 Amount of Each Disbursement Date of Disbursement Transaction ID: D175281 Transaction ID: D175281 Transaction ID: D175281 Amount of Each Disbursement Date of Disbursement Transaction ID: D175281 Transaction ID: D175281 Transaction ID: D175281 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Transaction ID: D175281 Transaction ID: D175281 Date of Disbursement Date of Disbursement Date of Disbursement this Period Category/ Type Transaction ID: D175281 Date of Disbursement this Period Category/ Type Office Sought: House Senate Primary General Disbursement Eark Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General District: Other (specify) Date of Disbursement Date of Disb		00012-3113			
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Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Tother (specify) BB&T Mailing Address 1099 New York Ave NW Ste 100 City Washington DC 20001-4452 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Transaction ID: D175281 Amount of Each Disbursement this Period Transaction ID: D175281 Amount of Each Disbursement Category/ Type Transaction ID: D175281 Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Tother (specify) Memo Item 616.05		·		Transaction ID :	D175280
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute: State: Disbursements This Page (optional)					
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Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursem	nent For:	Туре		
State: District: SUBTOTAL of Disbursements This Page (optional)				I wierno item	
SUBTOTAL of Disbursements This Page (optional)	President	Other (specify) ▼			
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FOTAL This Desired (feet years this line growther early)	SUBTOTAL of Disbursements This Page (optional)		·····		616.05
	TOTAL Title Desired #				616.05

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or us ne and address of any polition	ed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
American Health Care Association	Political Action Con	nmittee			
Full Name (Last, First, Middle Initial)			B (B)		
A. Drew Ferguson for Congress Inc.			Date of Disbursement		
Mailing Address PO Box 387			07 19 2016		
•	State Zip Code		Transaction ID : D175032		
West Point Purpose of Disbursement	GA 31833				
Contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Andreson Drew Ferguson IV		Type	1000.00		
Senate	nent For: 2016 Primary		Memo Item		
State: GA District: 03	,, ,,				
Full Name (Last, First, Middle Initial)					
B. NEW MILLENNIUM PAC			Date of Disbursement		
Mailing Address ONE GATEWAY CENTER SUITE 520			07 05 2016		
NEWARK	State Zip Code NJ 07102		Transaction ID : D174820		
Purpose of Disbursement Voided Check - Orig Issued 5/17/2016			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	-1000.00		
	nent For: Primary General Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) C. DIANE BLACK FOR CONGRESS			Date of Disbursement		
Mailing Address PO Box 1437			07 12 2016		
			07 12 2010		
Gallatin	State Zip Code TN 37066		Transaction ID : D174823		
Purpose of Disbursement Contribution					
Candidate Name			Amount of Each Disbursement this Period		
Rep. Diane L. Black		Category/ Type	2500.00		
Office Sought: House Disbursen	nent For: 2016 Primary General Other (specify)	1,500	Memo Item		
State: TN District: 06					
SUBTOTAL of Disbursements This Page (optional)		·····•	2500.00		
TOTAL This Period (last page this line number only)		·····•			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 17	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b	22 X 23 24 25 26	
		27	28a 28b 28c 29 30b	
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NAME OF COMMITTEE (In Full)	address of diffy politice		communication of the control o	
American Health Care Association	Political Action Com	mittee		
/ Amondan mealth Care Association	i Jiliidai Adiidii GUIII			
Full Name (Last, First, Middle Initial)				
A. CITIZENS TO ELECT PHIL ROE TO CONGRESS			Date of Disbursement	
Mailing Address PO BOX 3218			07 12 2016	
•	State Zip Code		Transaction ID : D174822	
JOHNSON CITY	TN 37602		11413action ID . D1/4022	
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Dr. David Phillip Roe		Туре	1000.00	
	nent For: 2016		Memo Item	
Senate X	Primary General			
State: TN District: 01	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
3. CITIZENS TO ELECT RICK LARS	EN		Date of Disbursement	
Mailing Address PO BOX 326			07 22 2016	
			01 22 2010	
,	State Zip Code WA 98206		Transaction ID : D174976	
Purpose of Disbursement	90200			
Voided Check - Orig Issued 7/21/2015			Amount of Each Disbursement this Period	
Candidate Name		Category/	4000.00	
Rep. Rick Larsen		Туре	-1000.00	
	nent For: 2016		Memo Item	
	Primary General			
State: WA District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
SHORE PAC			Date of Disbursement	
- OHORE FAC			M M / D D / Y Y Y Y	
Mailing Address PO. Box 3157			07 19 2016	
City	State Zip Code			
Long Branch	NJ 07740		Transaction ID: D175034	
Purpose of Disbursement Contribution				
			Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
Office Sought: House Disbursen	nent For:	Type		
	Primary General		Memo Item	
	Other (specify) ▼			
State: District:	·			
,				
SUBTOTAL of Disbursements This Page (optional)			5000.00	
TOTAL This Period (last nage this line number only)		k.		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 17 OF 17	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Health Care Association	Political Action Com	mittee			
Full Name (Last, First, Middle Initial)	Date of Disbursement				
A. Tuesday Group Political Action Committee					
Mailing Address PO Box 11586			07 05	2016	
	State Zip Code		Transaction ID : D	0174818	
Washington Purpose of Disbursement	DC 20008				
Voided Check - Orig Issued 5/17/2016			Amount of Each Dis	sbursement this Period	
Candidate Name	"	Category/		-5000.00	
Office Sought: House Disburser	nent For:	Туре			
Senate	Primary General		Memo Item		
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B. Tuesday Group Political Action Co	mmittee		Date of Disburseme		
Mailing Address PO Box 11586			07 12	2016	
Washington	State Zip Code DC 20008		Transaction ID : [0174819	
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period	
Candidate Name	, i	Category/ Type		5000.00	
Office Sought: House Disbursen Senate	Primary General	1,700	Memo Item	,	
State: President State:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)	Date of Disbursement				
Mailing Address			M M / D D	/	
City	State Zip Code				
Purpose of Disbursement					
Candidate Name Category/ Type			Amount of Each Dis	sbursement this Period	
President	nent For: Primary General Other (specify)		Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional)		·····		0.00	
TOTAL This Period (last page this line number only)				7500.00	
TOTAL This Period (last page this line number only)					